

| POSITION:                 | INITIALS | ID NO.  | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       |          | 2/3     | 4/26/01  |
| FORMALITY REVIEW          | BZ       | 3-3-823 | 05-04-01 |
| RESPONSE FORMALITY REVIEW |          |         |          |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 12/4/02 |
| 2              | ✓       |
| 3              | ✓       |
| 4              | ✓       |
| 5              | ✓       |
| 6              | ✓       |
| 7              | ✓       |
| 8              | ✓       |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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